momentum

Consent form

We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Momentum has collected, processed and shared.

Standard requirements

- ☐ Supporting medical evidence (e.g. x-ray report, blood tests and other laboratory results, etc).
- ☐ Insured life's identity document or a copy of the back and front of identity smart card.

Please note: We will not be able to proceed with the claim if all the documents asked for are not attached to this form.

Please email or fax the claim documents to:

E-mail: riskclaims@momentum.co.za
Fax: 012 675 3947 (**International:** +27 12 675 3947) (Please quote the policy number on the fax.)

Or call us for more information:
Tel: 0860 44 11 11 (**International:** +27 12 675 3052) Our office hours are from 8:00 – 17:00.

Momentum may ask for more information or set further requirements if necessary.

1: Contact person for the claim

Title | Initials | First name
Surname
Telephone - work | Fax - work
Cellphone number
E-mail address

2: Personal details of the insured life

Title | Initials | First name
Surname
Identity number | Date of birth D D – M M – Y Y Y Y
Tax reference number
Residential address
Postal code
Postal address
Postal code
Telephone - work | Fax - work
Telephone - home | Cellphone number
E-mail address

3: Medical aid details

Main member

Medical aid name

Medical aid number

Records requested from D D – M M – Y Y Y Y to D D – M M – Y Y Y Y

4: Doctor's details

Title Initials First name

Surname

Postal address

Postal code

Telephone - work Fax - work

Cellphone number

E-mail address

Practice number

Qualifications

Dear Doctor

We would appreciate your co-operation in providing the information requested in this form.

An extract from the claimant statement that was signed by the insured life states:

"I hereby authorise any medical practitioners, hospitals, clinics, medical aid schemes, pathology, pharmacies, SARS, any other financial institutions or any other source to furnish to Momentum or its representative any details relating to any illness or injury to the insured life or such other information as may be necessary to consider this claim. I know and understand the confidential nature of medical information. By appending my signature at the end of this declaration, I am agreeing that I have given permission to Momentum to obtain medical information and evidence from and/or through third parties without it being seen as a breach of my right to privacy and confidentiality. I further agree that any authorised medical personnel or practitioner may release confidential information to Momentum or other person acting on their behalf and in such manner or method as Momentum may direct."

The fee payable for this report is in accordance with Momentum's medical tariffs.

Your assistance will be greatly appreciated and your report will be treated in the strictest of confidence.

Warm regards

Momentum
Claims Management

1. Please provide clinical records and/or reports for the following dates:

Date of consultation	Reason for consulation	Treatment prescribed
D D – M M – Y Y Y Y		
D D – M M – Y Y Y Y		
D D – M M – Y Y Y Y		
D D – M M – Y Y Y Y		
D D – M M – Y Y Y Y		

2. Please provide the details of any other practitioners, specialists or hospitals to whom the claimant has been referred. Please include copies of all available specialists' reports.

Clinic/Hospital/Specialist	Reason for referral	Contact details

3. Relevant test (e.g. lung function results, blood results, x-ray reports or scan reports, etc.)

5: SARS assessment requirements

This section is only applicable to income disability benefits (e.g. Income Protector, Temporary Income Protector, etc.)

Title | Initials | First name

Surname

ID/Passport number/Other identification | Date of birth D D – M M – Y Y Y Y

Country of issue

Last residential address

Postal code

Income tax number (compulsory for tax purposes)

Financial years assessments are requested D D – M M – Y Y Y Y to D D – M M – Y Y Y Y

6: Declaration

I hereby authorise any medical practitioners, hospitals, clinics, medical aid schemes, pathology, pharmacies, SARS, any other financial institutions or any other source to furnish to Momentum or its representative any details relating to any illness or injury to the insured life or such other information as may be necessary to consider this claim. I know and understand the confidential nature of medical information. By appending my signature at the end of this declaration, I am agreeing that I have given permission to Momentum to obtain medical information and evidence from and/or through third parties without it being seen as a breach of my right of privacy and confidentiality. I further agree that any authorised medical personnel or practitioner may release confidential information to Momentum or other person acting on their behalf and in such manner or method as Momentum may direct.

I indemnify Momentum and its directors, agents and employees against any claim of whatever nature which may be made against them as a result of or arising out of the furnishing of such information. Where the conditions of the policy so allow, I irrevocably authorise Momentum to deduct any expenses incurred by it in respect of this claim and for which I am liable from the benefits payable under the policy.

Signed at | Date D D – M M – 2 0 Y Y

Signature of policyholder | **Signature of insured life**

Contact details

Momentum Namibia Limited
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Cnr Dr Frans Indongo & Werner List Street
Windhoek
9000

Website momentum.co.za

Reg. No. 91/369
Momentum Namibia is an authorised financial services provider (FSP 657)